DOCUMENT RESUME

ED 268 475 CG 019 034

AUTHOR McCabe, Sheridan P.
TITLE Religion and Aging.
PUB DATE 25 Aug 85
NOTE 15p.; Paper presented at the Annual Convention of the American Psychological Association (93rd, Los Angeles, CA, August 23-27, 1985).
PUB TYPE Viewpoints (120) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Aging (Individuals); *Coping; *Counseling Theories; *Older Adults; *Religion; Self Concept; Social Networks; Social Support Groups

ABSTRACT

Counseling psychology has neglected elderly adults. Developmental transitions from gainful employment to retirement or from active parenthood to former parenthood can be difficult. For older adults, religion can be a useful means for organizing the self-concept and developing a context of meaning for one's life in an effective way. Religion can contribute a framework for understanding one's life pattern and present situation. Religion entails a set of goals toward which the elderly person can continue to move and from which he or she can derive hope. Religion provides a supportive social network through a sense of shared beliefs which can aid an elderly person in combating isolation and loneliness. The psychological frameworks of Erik Erikson's developmental stages, Ezra Stotland's psychology of hope, and the recent view of integration of cognitive, social, and psychological factors provide an approach to understanding the role of religion for the elderly adult. A research approach investigating the antecedent relation of religion and related variables to patterns of coping in the elderly is needed. (ABL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED268475

RELIGION AND AGING

Sheridan P. McCabe

CG 019034

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☑ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Sheridan P. McCabe

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Paper presented at the Annual Convention of the American Psychological Association, 93rd, Los Angeles, CA, August 23-27, 1985.

The task of writing a presidential address is a difficult one. One wishes to develop a theme which will be considered an important one, and one which captures the attention of the division at large. Such a project is a fitting way to respond to the great honor which the membership has bestowed upon me by electing me as the presiding officer for this year. Ideally it would be a timely integration of a major area of salient research, or a stirring call to action in view of the pressing issues of our time or a considered recapitulation of the state of the art in our area of interest. However since these tasks are beyond my reach, I plan to offer to you today in fulfillment of my responsibility my perspective on the topic of the psychology of religion and this with particular attention to an area of research which I feel has not received its merited degree of attention.

Like so many of our members, my interest in religious issues joined with other areas of concern in psychology. I am a counseling psychologist by training and in terms of both my teaching and professional endeavors. I was attracted specifically to counseling psychology because of it's general orientation toward the normal personality and its concern with assisting people to reach their highest level of functioning. The focus was on maximizing the individual's personal resources and marshalling these toward the enhancement of the quality of one's life. This struck me as more satisfying and interesting than a focus on psychopathology or an effort to remediate deficiencies. The approach to counseling psychology with which I began was a developmental one, one concerned with the individual's effectiveness in responding to the tasks and challenges of life.

One of the most important tasks of life is one's career, first in choosing it, then in entering it, and finally, in succeeding in it. This endeavor is a very important project for each of us. It represented the focus of my doctoral research. I was interested in exploring the meaning of a career to an individual and investigating the ways in which the individual developed a sense of self around his or her career and further derived a sense of meaning and direction for life in this perspective. My research tended to support the idea of the centrality of career to the self concept and career as the source of satisfaction and self worth. The notion of religion was not entirely absent from this research interest. The idea of a religious vocation, the way in which a religious mission changed or deepened the the sense of self and of meaning was a concern of

mine at the time. Some of you will remember that many of us were involved in selection of people for religious life in those good old days.

Early in my career, I was more interested in choice and entry into career than in the later stages of career development. However, as time went on and as I may have matured, my interests turned to topics less confined to youth. Questions such as the possible tensions between maintaining an open and inquiring intellectual disposition along with a firm commitment to a defined religious belief system, the role values and faith play in adult lives, the basis of moral judgment and decision making, and in some instances, the relationship of religion beliefs and professional activity were the focus of my inquiry. In these interests religion and religious issues were prominent but still secondary concerns.

Most recently, my interests in counseling psychology have turned to the counseling of the elderly. This is a newly emerging field and traditionally this clientele has been somewhat neglected. This has taken the form not only in the failure to develop services for this segment of our population, but even in the models and conceptual frameworks with which we have traditionally operated. For example, my own earlier research was on the way in which we organized our self concept and our pattern of life satisfactions and rewards from our work. Yet the older person is one who all too often has left the world of work, sometimes not entirely voluntarily. The values of achievement and productivity prevail in our youth oriented society. It is not easy to develop a basis for self esteem and personal identity in retirement and leisure.

Every stage of developmental transition brings with it, its own sources and forms of stress. In the sixth and seventh decade of life, the characteristic major issues involve changes which run counter to long held values and losses both in function and relationships and sometimes materially as well. Movement from gainful employment to retirement or from active parenthood to former parenthood is a sometimes difficult transition and strikes a blow at the person's sense of value and identity. The readjustment to a new daily schedule, revised life style and often reduced economic circumstances may not be an easy one. At the same time, one experiences a somewhat reduced strength, possibly lower vitality, more frequent physical symptoms, possible reductions in visual or auditory acuity, lowered physical attractiveness or at least a sense of that, and a general experience that what one has to do is really not very important. For many these

changes are accompanied by an actual geographic relocation with the consequent impact on friendship patterns and social interactions. While there is often more leisure and freedom in the sense of reduced responsibilities these are rarely compensated for by a sense of contributing. All too often there is the sense of being in the way. If illness or economic hardship strikes, then there is the sense of being dependent and a burden. Even when this is not the case, the threat of it lurks. Relatives, friends and even loved ones become chronically ill or die. Thus the challenges and stresses of the so-called golden years are not minor.

These stresses are probably not more onerous or threatening than those associated with other major transitions in the life span. The major difference, it seems to me, is the absence of well established support systems and social structures for the older adult. This is progressively more true in our increasingly urban and technical society. The value patterns do not favor the older person. There is greater emphasis on the nuclear as opposed to the extended family. Only in the past few years, as our realization that the older adult population is rapidly increasing relative to other age strata, has serious attention be given to this situation.

As one encounters the elderly, especially very old, the frail or the institutionalized older adult, one notes that they tend to fall into one of two broad categories which stand in marked contrast to one another. The first might be characterized as the well adjusted. These individuals tend to be graceful, serene, self possessed and positive in their outlook, at times, despite a good deal of infirmity. The other category are those who are less well adjusted and who seemingly are not dealing well with their present life situation. This can be manifest in a variety of ways. Some tend to be negative, cynical and complaining. Some withdraw in a negative way into depression, or social isolation or a preoccupation with their physical symptoms. The goal of counseling psychology in working with the elderly is to assist them in deriving the most joy and satisfaction from this stage of their lives. The insight which I have had and which I would like to share with you is the possibility that religion could be an important basis for organizing the self concept and developing a context of meaning for one's life in an effective way. This paper will address the theoretical perspectives and empirical approaches which might be useful in exploring this possibility.

Religion as used in this context refers to a conscious set of organized beliefs regarding God or a supreme being in terms of relationship to man and man's response to this relationship. These beliefs as a central point of meaning in the personality along with the consequences in terms of religious practices and

social forms of expression are the relevant factor. The normative aspects of religion or membership in a defined denomination or sect are not crucial considerations in this conceptualization.

The role of religion in the experience of the older person has, interestingly enough, not been an object of frequent study. References to religion are few in most major textbooks or handbooks dealing with the elderly. Much of the work that has been done, such as the major studies by Moberg (1953) have been done on church membership and church participation by various age groups. The actual consideration of the variations in belief systems and role that these play in personality organization, coping with stress or contributing to a sense of meaning in life is relatively neglected.

Religion as conceptualized in this way has the potential for contributing in three major ways to the personality organization and self concept of the older adult. These are: (1) Meaning; i.e., a framework for understanding one's life pattern and present situation. The more traditional societal values of productivity and achievement no longer serve and some kind of transcendent value structure can be a source of meaning. (2) Hope; i.e., an optimistic and future oriented outlook, a set of goals toward which one feels he or she is continuing to move. (3) A supportive social network; i.e., a sense of solidarity with others through a sense of shared beliefs or beliefs which provide a basis for this experience of solidarity. As one experiences a sense of loss of loved ones, friends and relatives, there is a risk of a growing sense of isolation and loneliness.

Let us proceed by first considering three psychological theoretical frameworks which provide an approach to conceptualizing this process more systematically, and then reviewing some disparate lines of research which appear to bear on this general line of reasoning, and finally by proposing a line of research which will attempt to further this approach.

The first theoretical formulation to be considered here is that of Erik Erikson (1950). This theory is based on his insights as a psychoanalytic practitioner and is supported by an extensive amount of cross cultural observation. It has been extensively studied in terms of the insights that offers for development, especially that of children and adolescents. One of the notable assets that it provides in the consideration of adult development is its focus on ego development. Erikson postulates eight stages of ego development from infancy to old age. Each stage is based on the increasisng complexity of the functioning of the

individual. At each developmental stage, there is a choice for the expanding ego, a choice which Erikson refers to as a crisis and which relates to a fundamental task associated with that chronological period of life. The resolution of these crises determine the individual's future development and his or her reactions to people and events. All of the person's maturation, experience and social influences interact to form the personality organization. Since each of the later stages or crises are profoundly affected by the resolution of earlier stages, all of the stages of development are important for the understanding of the personality of the aging adult. However, it is in the task or crisis which Erikson specifies as especially relevant to the last stages of adult life that relates specifically to religion as it is being presented here.

In the eighth developmental stage according to Erikson, the crisis centers around a sense of ego integrity versus a sense of despair. The alternatives are betwen a basic acceptance of one's life as having been inevitable, appropriate and meaningful as opposed to a fear of death. This theoretical conceptualization describes the contrasting clinical pictures of serenity and contentment as opposed to the alienation and cynicism described earlier. Erikson's sequence in the life course requires effective resolutions of the crises characteristic of each stage in order to be able to succeed at subsequent stages. Otherwise, an individual's development will be arrested and truncated. However, effective resolution of the last stage entails internalizing and being in touch with a source of meaning and value in one's own life and experience. Furthermore, this is the requisite ingredient for mature ego functioning and adaptation at that stage of life.

Erikson tended to focus on the earlier stages in the developmental sequence in his own writings and research. He has presented us with evidence of this last stage in the form of his in depth studies of individuals such as in his psychobiographies of Luther and Ghandi. I am not aware of many quantitative approaches to empirical investigation with this theoretical perspective. One such attempt, however, was that Gruen (1964). In that study, 48 interview records were rated on each of the eight Erikson dimensions. While there was some evidence supporting the order and sequence of the stages, the data do not clearly support the integrity stage as most salient for the oldest age category. However this remains a promising and interesting area for further investigation, especially around the issue of meaning.

Another useful theoretical approach is that of the psychology of hope as developed by Ezra Stotland (1969). Stotland's interest in this topic is an outgrowth of his explorations of suicide which he had studied from a social psychological perspective. His consideration of suicide and of mental illness had led him to the insight that hope, although a highly subjective term, is a very important construct in understanding human behavior. He defines hope as "an expectation greater than zero of achieving a goal. The degree of hopefulness is the level of this expectation or the person's perceived probability of achieving a goal (Stotland, p. 2)." His theory is presented in the form of seven propositions which are concerned with the role of hope in motivation, the relation of hope to anxiety, the operation of schemas, and the role of experience and communication from others. Schemas are cogntiive structures which range in complexity from simple to abstract and which are hierarchical. The overall repertoire of schemas include the belief systems of the individual.

The two important elements of this theoretical perspective in this context are the notions of goal attainment and the relationship to an organized belief systems. In his book, Stotland, after a concise presentation of his theory, proceeds to review a considerable amount of highly diverse empirical research findings and examines them in the light of his theory. These research investigations include a number of animal experiments, but the most interesting findings are those derived from studies on human subjects including those done on psychiatric populations and anthropological findings such as the mechanisms underlying bone pointing and similar phenomena. While few of these studies involve the issues of aging or deal explicitly with older subjects, the role of goals in the last stage of the life course necessarily involves the meaning of one's life and its implication for action.

The third conceptual framework is not a theory as such but rather a point of view that is receiving progressively more attention in recent years. This is the concept of psychological approaches to health with an integration of cognitive, social and physiological factors. These factors were explored in terms of their relationship to aging in a volume entitled *Cognition, Stress and Aging* which recently appeared (Birren & Livingston, 1985). This book deals with the effect of cognitive schemas as mediators of stress, and the resultant changes in health status with age. One contribution to this volume in particular articulates a model of health-behavior relationships which the author terms a mosaic model (Reker, 1985).

This model begins with predisposing conditions including genetic, socialization and cultural factors as well as precipitating events. These conditions are antecedent to cognitive and affective mediation through values and expectancies. This mediation occurs over two pathways which are interactive, one physiological and one psychological. The physiological pathway includes neurophysiological response and structural and functional change in the individual. The psychological pathway includes coping styles and strategies along with perceived physical and psychological well being. The product of this complex system is general physical and mental health.

This model defines in a clear although complex fashion the inter-relatedness of these factors by setting up a postulated chain of relationships which gives a conceptual framework for considering this system. Thus it has powerful heuristic implications. If we examine this mosaic model from our point of interest, we see that it is in the psychological pathway that religion, values and belief systems will exert their influence. The role that they play will derive from the predisposing conditions and precipitating events. Their ramifications or echos as it were will be observable in the inter-related physiological pathway.

Having articulated this mosaic model, Reker(1985) proceeds to review a number of lines of research and to consider how they fit into the model. In discussing the psychological pathway, Reker discusses psychosocial coping styles and patterns and distinguishes between instrumental coping which attempts to solve the problems directly through action and palliative coping in which one attempts to feel better without changing the situation. He goes on to cite examples of palliative coping strategies in terms of belief in life after death and faith, both of which have been found to predict personal well being and life satisfaction. His discussion further speculates on the relationship between perceived well being and the neurophysiological system in terms of the role of endorphins.

This relationship between cognitive factors and neurophysiological processes especially as mediated by endorphins is explicitly addressed in another chapter of this same volume, this one by Heckenmueller (1985). He discusses perceived control as the psychological mechanism that explains the way in which endorphins function in the cognitive control/health relationship. After a discussion of relevant literature, he concludes that it is not pain itself but rather the psychological meaning of pain that

accounts for the effect of endorphins on the experience of pain. He infers that endorphins mediate the relationship between perceived control and the wole complex of responses that is referred to as socio-emotional behaviors.

Heckenmueller (1985) also presents a case that social support also functions by enhancing cognitive control. Social support contributes to the resourcefulness of the individual in coping by serving an informational function which increases one's perceived control. He points out that it is not the presence or absence of social support that predicts illness, but rather the change in social support. Particularly in the case of unexpected changes, the result is a reduction in the ability to withstand stress.

This theory represents a new and intriguing integration of several divergent and very recent research efforts. It is still somewhat speculative and several key constructs remain to be investigated, even in a preliminary way. However, it does account for a broad range of experimental findings from sources as diverse as physiological, learning and social psychology in an ingenious fashion. This would seem to represent a very promising framework for the approach to the study of religion and personality, especially in the older adult. Religion represents a powerful resource for assessing one's sense of perceived control over important aspects of one's life. Issues relating to faith, value commitment and identification with a specific reference group would be expected to be important factors in shaping those cognitive factors that Heckenmueller predicts relate to endorphin operation.

There are several lines of empirical research which relate these cognitive and stylistic factors to effective coping. One of these derives from Rotter's concept of the "locus of control" (Rotter, Chance, & Phares, 1972). This construct is derived from Rotter's social learning theory and refers to a generalized expectancy pertaining to the connection between personal characteristics and experienced outcomes. It is generally operationalized by using Rotter's I-E Scale (Internal-External Control of Reinforcement Scale). This measure has been correlated with most areas of personality functioning. Three areas in particular have been found to have a strong association with the locus of control variable (Lefcourt, 1980). These include the assimilation of information, health-related behavior and responses to stress.

Another interesting and relevant construct is that of personal optimism (Reker & Wong, 1985). While this has not been subjected to the same extensive empirical investigation as locus of control, it

presents a very intriguiing approach to the factors underlying effective coping in later life. Reker and Wong define personal optimism as a "personalized, subjective system of positive expectations, feelings, and goal-directed strivings applicable to future life concerns" (1985, p. 140). They have measured personal optimism by having respondents list a number of desireable events to which they are currently looking forward as well as the degree of confidence that each of those events will take place. The score of personal optimism is based on the number of future events anticipated, the average confidence ratings, and a total confidence rating. These investigators reports that content analysis of the responses can be classified into the following categories: family life, housing/living conditions, community/social service, religion, leisure/recreation, health, friendship, personal development, finance and miscellaneous. After a fairly comprehensive review of the research literature dealing with optimism and a future orientation as it relates to physical and mental health, the authors present data on the relationship of personal optimisim to well-being, depression, life attitude and present commitment. These results tend to establish the new approach as having predictive validity when used with community and institutionalized elderly in the prediciton of well being.

These theoretical and empirical directions suggest some of the parameters of the role which religion might play in the success of the older adult in facing the challenges specific to that particular age transition. The premise is that this focus on the older adult offers to us a unique opportunity to explore and uncover the relevance of religion to the total personality. By developing a realisitic sense of personal control, by providing a context of meaning for the interpretation of one's life and a basis for understanding one's present situation, and by assisting in maintaining a meaningful social support system, religion might form a crucial resource in dealing with the losses, challenges and stresses of advanced age. Some of the perspectives which have been reviewed here offer a model or framework for anticipating the ways in which this might operate.

Based on these considerations, I would propose a research approach that would investigate the antecedent relation of religion and related variable to patterns of coping in the elderly. This would include a number of considerations. Past research has tended not to support the salience of demographic variables such as denominational affiliation. These seem to have been relevant only to the extent that they relate to

such issues as religious behavior, patterns of ritual and prayer, and the availability and strength of identification with a particular social group. What seems to me to be more relevant is the pattern and strength of the particular belief system which the individual espouses. The typology of religious beliefs which has been developed by Peter Benson (personal communication, April, 1980) would appear to be a very appropriate starting point. The various types provide varying degrees of personal autonomy and perceived control over one's life and destiny, both of which are suggested to be highly related to coping effectiveness. The various types of religious belief are also related to a dimension of optimism vs. pessimism.

A second variable that would be considered is that of meaning; i.e., the meaning of the pattern of one's life and its relationship to the level of satisfaction in the individual's present life situation. The degree to which the individual appeals to religious beliefs and transcendent values in identifying meaning could be rated. This would be especially useful in terms of the manner in which the individual interprets significant losses and set backs in his or her own life. The quality of this meaning in terms of the extent to which it emphasized personal responsibility and autonomy versus fate control would also be taken into consideration.

Thirdly, the extent to which the individual is incorporated into a supportive interpersonal network and the degree to which this is an extension of the religious beliefs and identification of the individual would be considered. The extent to which this interpersonal incorporation is supportive and facilitative of personal autonomy and satisfaction would be rated.

Finally, the eschatological content of the individual's belief system would be investigated. The extent to which a belief in life after death, or some sort of immortality or ultimate reward or punishment would be determined. Stotland's (1969) presentation of the psychology of hope would suggest that this would be an important potential contributor to effectiveness in coping with stress or in dealing with life on a day to day basis. The dimension of perceived control, especially in the face of serious loses or deprivations, would be altered to the extent that the individual is convinced of some ultimate settling of accounts.

These are the variables which strike me as the most promising, particularly as we examine the contribution or deterent which religion can provide to personality functioning and in particular, coping with stress in the last stages of life. I would suggest that these be investigated in a way that does justice to the very complex and interdependent character of such factors. Therefore it would be necessary to determine not only their convergent validity in predicting effective coping, but their discriminative validity as well. There are a number of personal, cognitive and interpersonal stylistic variables which parallel these religious factors. Personal style issues involve such dimensions as introversive versus extratensive, reflective versus impulsive, and other ways in which we organize the way in which we relate to our own inner experience. Cognitive style refer to such variations as preferences for complexity versus simplicity, logical linear thinking versus a more intuitive approach, or field dependence versus field independence. Interpersonal style deals with such aspects of social approach as dominance versus submissiveness. There is likely to be a considerable overlap between variables such as these and the more specifically religious factors described above. Not only will both play a role in the adequacy with which the individual faces life challenges, but there will also likely be an interaction among these factors. Therefore, a causal modeling approach is suggested which will sort out the relative role of each of these and test them against a previously articulated model of causality. Obviously, this will be a complex and challenging task which will entail considerable reiteration and cross validation. However, it is intended to provide us with a clearer picture of the role that religion could play in the adjustment to the tasks and challenges of the transition to the final stage of our lives.

The next step in this research endeavor would be the identification of the mechanisms by which the observed relationships operate. Some of the theories briefly discussed earlier which allude to newly emerging physiological and biochemical mediators of behavior such as endorphins suggest some promising avenues for exploration. It strikes me that this avenue of investigation might even offer a sort of reverse reductionism in which higher order variables, those once relegated to the spiritual realm and considered beyond the pale of psychology such as faith and virtue, might come to be invoked as the stimulus or antecedent variables for biochemical transactions in the organism.

Well, this last comment is undoubtedly somewhat naive and very premature. Nonetheless, I hope that I have communicated my conviction that religion and variables related to religion and religious faith are very salient to the process of exploring the major adjustment issues of later life. While this statement strikes me as somewhat obvious and trite, there appears to have been little scientific investigation conducted in this area. In consulting the index to the *Handbook of Mental Health and Aging* (Birren & Sloane, 1980), one finds only two references to religion, and in checking them, discovers that neither relate to religion in the life of the older person in any substantive way. This area of investigation appears to be a rather untrodden path. It is a research direction which I hope to contribute to myself and I hope that some of you will do so as well. I believe that in this way we can both extend substantially our understanding of the basic organization and functioning of the individual personality and at the same time, provide some insight into the issues of coping with the aging process and some of the resources available to the older person in doing so.

REFERENCES

Birren, J.E. & Livingston, J. (1985). *Cognition, stress and aging.* Englewood Cliffs, N.J.: Prentice Hall.

Birren, J.E. & Sloane, R.B. (Eds.). (1980). *Handbook of mental health and aging.* Englewood Cliffs, N.J.: Prentice-Hall.

Erikson, E. H. (1950). *Childhood and society.* New York: Norton.

Gruen, W. (1964). A study of Erikson's theory of ego development. In B.L. Neugarten. *Personality in middle and late life: empirical studies.* New York: Atherton Press.

Heckenmueller, J.P. (1985). Cognitive control and endorphins as mechanisms of health. In J.E. Birren & J. Livingston. *Cognition, stress and aging.* Englewood Cliffs, N.J.: Prentice Hall.

Lefcourt, H.M. (1980). Personality and locus of control. In J. Garber & M. E. P. Seligman (Eds.). *Human helplessness: theory and applications.* New York: Academic Press.

Moberg, D. O. (1953). Church membership and personal adjustment in old age. *Journal of Gerontology, 8,* 207-11.

Reker, G.T. (1985). Toward a holistic model of health, behavior and aging. In J.E. Birren & J. Livingston. *Cognition, stress and aging.* Englewood Cliffs, N. J.: Prentice Hall.

Reker, G.T., & Wong, P.T. (1985). Personal optimism, physical and mental health. In J.E. Birren & J. Livingston. *Cognition, stress and aging.* Englewood Cliffs, N. J.: Prentice Hall.

Rotter, J.B., Chance, J.E., & Phares, E.J. (1972). *Applications of a social learning theory of personality.* New York: Holt, Rinehart & Winston.

Stotland, E. (1969). *The psychology of hope.* San Francisco: Jossey-Bass.